

Allergic Conjunctivitis and its Homoeopathic Management

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Abstract: With the increase of the environmental pollution the prevalence of allergic conjunctivitis is increasing day by day, which chiefly affects the children and younger age groups. Homoeopathic medicines are very safe and effective in the treatment of allergic conjunctivitis.

Keywords: Allergic conjunctivitis, kreationconjunctivitis, homoeopathic

1. Introduction

Our conjunctiva is ten times more sensitive than the skin to allergens. Allergic conjunctivitis is the inflammation of conjunctiva due to allergic or hypersensitivity reactions which may be immediate or delayed. Despite being the most benign form of conjunctivitis, allergic conjunctivitis has a considerable effect on patient quality of life, reduces work productivity, and increases health care costs. The modern medicine also has no permanent solution to this distressing trouble of eye which primarily affects the children and young adults except steroids and antihistaminics.

Prevalence

Older population studies estimate of prevalence of 15 - 20% of allergic conjunctivitis, but more recent studies implicate rates as high as 40%.

Types of allergic conjunctivitis

- 1) Simple allergic conjunctivitis
- 2) Vernal keratoconjunctivitis
- 3) Atopic keratoconjunctivitis
- 4) Giant papillary conjunctivitis
- 5) phlyctenular keratoconjunctivitis
- 6) Contact dermoconjunctivitis

Etiology

- Allergic conjunctivitis is caused by common allergens such as pollens, grass, animal dandruff, dust and mite.
- Giant papillary conjunctivitis is a localised allergic response to a physically rough or deposited surface (contact lens, prosthesis, left out nylon sutures).
- Phlyctenular keratoconjunctivitis is a delayed hypersensitivity response to endogenous microbial proteins, Staphylococcus proteins

Predisposing Factors

- Age group is 3 - 20 years.
- **Season:** it occurs in all climate but incidence is high in spring and summer season.
- **Climate:** more prevalent in tropics.
- **Sex:** vernal keratoconjunctivitis is more common in

boys than girls.

- **Living conditions:** overcrowded and unhygienic.
- **Undernourishment:** disease is more common in undernourished children.

Pathology

- 1) Simple allergic conjunctivitis is characterised by sudden and extreme vasodilatation, followed by conjunctival infiltration and exudation, leading to swelling conjunctiva followed increased capillary tissue formation and mild papillary hyperplasia.
- 2) In vernal keratoconjunctivitis conjunctival epithelium undergoes hyperplasia, adenoid layer shows marked cellular infiltration by eosinophils, plasma cells, lymphocytes and histocytes. fibrous layer shows proliferation, increased permeability and vasodilatation. All these pathological changes lead to formation of multiple papillae in the upper tarsal conjunctiva.
- 3) Pathology of Phlyctenular keratoconjunctivitis can be divided into 4 stage.
 - a) Stage of nodule formation: exudation and infiltration of leucocytes into deeper layers of conjunctiva leading to nodule formation.
 - b) Stage of ulceration: necrosis of apex of the nodules and ulcer formation.
 - c) Stage of granulation: ulcer covered with granulation tissue.
 - d) Stage of healing: healing occurs usually with minimal scarring.

2. Signs and Symptoms

- **Simple Allergic Conjunctivitis:** Itching and burning sensation in the eyes associated with watery discharge. Hyperaemia and chemosis of conjunctiva.
- **Vernal Keratoconjunctivitis:** Burning, itching, lacrimation stringy discharge and heaviness of lids. Characterised by presence of hard, flat topped papillae arranged in cobble - stone fashion in upper tarsal conjunctiva.
- **Atopic Keratoconjunctivitis:** Itching soreness, mucoid discharge and blurred vision. Lid margins inflamed conjunctiva show fine papillae, hyperaemia and scarring with shrinkage, cornea may show punctuate epithelial keratitis.

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- **Giant Papillary Conjunctivitis:** Itching and stringy discharged. Papillary hypertrophy of the upper tarsal conjunctiva.
- **Phlyctenular Keratoconjunctivitis:** Discomfort and irritation in the eyes. Associated mucopurulent conjunctivitis due to secondary bacterial infection.
- **Contact Dermoconjunctivitis:** Weeping eczematous reaction, involving all areas with which medication comes in contact.

Diagnosis

- Diagnosis made from typical symptoms and signs.
- Presence of abundant eosinophils in the discharge.
- Peripheral blood shows eosinophils and increased serum IgE levels.

Management

- Dark goggles to prevent photophobia.
- Providing high protein diet supplement with vitamins A, C, & D.
- Cold compresses and ice packs have soothing effects

Homoeopathic Management

There are many homoeopathic medicines which can cure allergic conjunctivitis based upon the individualisation. Homeopathic medicines are selected after examination and case - analysis, which include the medical history of the patient, physical and mental constitution.

- **Euphrasia:** Farrington mentions “in conjunctivitis, Euphrasia is sometimes indicated in scrofulous cases. The discharges from the eyes are acrid and purulent and a film of mucus seems to collect over the cornea, causing a difficulty in vision. This blurred sight is relieved by wiping the eye or by winking.”
- **Antimonium Crudum:** According to Samuel Lilienthal Ant crud is the drug for “Pustules on cornea or conjunctiva, especially in cross children; lids red, swollen, excoriated by profuse mucous discharge and lachrymation”
- **Argentum Nitricum:** According to farrington “argentum nitricum is to be used after the failure of pulsatilla”. As per Kent “All of the eye symptoms are worse in a worm room.
- **Aconitum Napellus:** Farrington says “aconite is of service in conjunctivitis resulting from a foreign body in the eye. The eye feels as if full of sand, and is exceedingly sensitive”.
- **Sulphur:** sulphur is indicted in conjunctivitis from irritation of foreign bodies when aconite fails. As per KENT sulphur is useful for “Catarrhal eye symptoms that are made worse from washing. Eye symptoms with eruption on face and scalp, with itching of the skin, especially when worm in bed”.
- **Pulsatilla:** According to Ferrington “pulsatilla is not indicated in the beginning of the disease, but later in its course, when the symptoms have matured. Pulsatilla on the cornea, with very little dread of light, but with lachrymation, worse in the open air.

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